

KENTUCKY TEACHERS' RETIREMENT SYSTEM

479 Versailles Road, Frankfort, Kentucky 40601

**REQUEST FOR EXEMPTION
FROM KTRS EMPLOYMENT LIMITATIONS**

Fiscal Year 20____ / 20 ____

Retiree Applicant's Full Name	KTRS Member ID or Social Security Number

The _____ School District/Agency/University wishes to employ the above referenced retired member of KTRS in a capacity that we believe to be exempt from KTRS jurisdiction. We request a determination from KTRS as to whether employment of a KTRS retiree in this position is exempt from the employment limitations that apply to KTRS retirees. The following information is provided to assist KTRS in making this determination:

Title of position:	Compensation of retiree:
Person who held position prior to retiree:	KTRS Member ID or SSN of person named at left:

Please attach a copy of the following:

- ◆ Position Description
- ◆ Employment Agreement
- ◆ Minimum Educational Qualifications
- ◆ Personal Service Contract

Title of last position held by retiree PRIOR TO RETIREMENT:	If teacher, provide subject(s) taught:
Will the retiree be eligible for active insurance?	If eligible, provide first day of work:

Employer Contact Name:	Phone:	Email:

Signature of District/Agency Head:	Printed Name and Title:	Date:

KTRS USE ONLY

Based upon the information available to the Kentucky Teachers' Retirement System, it has been determined that employment of the KTRS retiree/applicant named above in the position identified on this form is:

- ☐ **EXEMPT** from KTRS retiree employment limitations. KTRS contributions should not be withheld from the retiree's compensation. This exemption is valid for the ____ - ____ fiscal year. Exempt status must be re-approved each year a retiree is employed in this position.
- ☐ **SUBJECT** KTRS employment limitations apply. See attached letter.



KTRS Representative:	Date:

Instructions for Completing Form 30-E

This form is to be completed and submitted to KTRS only when an employer requires a determination as to whether the employment of a KTRS retiree in a given capacity (i.e. a classified position or other position the employer believes to be outside KTRS jurisdiction).

All KTRS retirees employed in any capacity, whether employer/employee, personal service contract, or third party contract, will be subject to employment limitations and must be reported to KTRS unless the employer obtains a written determination from KTRS that the retiree's employment in a particular position is exempt from KTRS restrictions **prior to the retiree's first day of work.**

Please provide all the requested information and documentation to avoid a delay in processing.

1. **Title of position** - title of position the retiree will be employed in. This must match the position description.
2. **Compensation of retiree** - salary the retiree will receive. This may be reported as an hourly, daily, or annual rate.
3. **Person who held the position prior to the retiree** - the last person holding the position prior to the retiree. This should not be the retiree named on the exemption unless the retiree held the position as an active employee prior to retirement.
4. **KTRS ID#/Social Security Number** – Social Security Number for the last person holding the position prior to the retiree.
5. **Medical Insurance** – Re-employed retirees eligible for active insurance become ineligible for coverage through KTRS. Retirees will be terminated at the end of the month in which re-employment occurs. Please indicate the date the retiree will be employed (first day of work). **If coverage through the employer is being continued from a previous year of employment with no lapse, you may indicate "continuance" in this field.**

Per the KEHP Administration Manual "the return-to-work retiree covered through the KEHP will be treated similar to an Employee transferring to a new agency, except with a coverage effective date of the first day of the month following re-employment." Active Insurance Coordinators may call the KEHP's Department of Employee Insurance with any questions regarding this procedure. The return-to-work retiree covered by KTRS' Medicare Eligible Health Plan will only have original Medicare until the active coverage begins unless they enroll in a supplement or drug plan on their own.

**THIS FORM IS TO BE COMPLETED EACH FISCAL YEAR PRIOR
TO THE RETIREE'S EMPLOYMENT**